

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	Wildade Nelson	COURT CASE NUMBER	05-11269 NG
DEFENDANT	Joanne McGinn / Commonwealth DMR	TYPE OF PROCESS	
SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
	Commonwealth / Dept of Health & Human Svs - Mental Rehabilitation		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
	500 Harrison Ave Boston, MA 02118		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Wildade Nelson
22 Kessler Farm Drive
Nashua, NH 03063

Number of process to be served with this Form - 285	total of 2
Number of parties to be served in this case	total of 2
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Phone = main office 978-774-5000

2005 SEP - 1 P 2:46

RECEIVED
U.S. MARSHAL SERVICE
BOSTON, MA

Fold

Signature of Attorney or other Originator requesting service on behalf of:

☐ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 49	District to Serve No. 38	Signature of Authorized USMS Deputy or Clerk Honey Dalauer	Date 9/1/05
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) Maureen McSorley / Legal	<input checked="" type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above)	Date of Service 10/5/05	Time 9:40 am
	Signature of U.S. Marshal or Deputy Joan P. [Signature]	

Service Fee 45.00	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges 45.00	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

UNITED STATES DISTRICT COURT

District of MASSACHUSETTS

WILDADE NELSON,
Plaintiff

V.

JOANNE McGANN, ET AL.,
Defendants

SUMMONS IN A CIVIL CASE

CASE

C.A. 05-11269-NG

TO: (Name and address of Defendant)

THE COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF HEALTH AND HUMAN SERVICES

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

WILDADE NELSON, PRO SE

* or answer as otherwise required by the Federal Rules of Civil Procedure.

an answer to the complaint which is herewith served upon you, 20* days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

SARAH ALLISON THORNTON
CLERK

6/30/05
DATE

Rebecca Grunberg
(By) DEPUTY CLERK

